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# KENT COUNTY COUNCIL.

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EDUCATION COMMITTEE

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## ANNUAL REPORT

OF THE

## SCHOOL MEDICAL OFFICER

For the Year 1949

BY

A. ELLIOTT, M.D., D.P.H.

*School Medical Officer*

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HEALTH DEPARTMENT,  
COUNTY HALL,  
MAIDSTONE.

5th June, 1950.

**To the Chairman and Members of the Kent Education Committee**

In presenting this, my fifth Annual Report as School Medical Officer, I would first direct attention to the fact that 1949 was the first complete year over which the National Health Service had operated. This Service has had far-reaching effects on every aspect of the medical services of the country. It was during 1949, however, that it became possible to see how the School Health Service was likely to be affected and influenced by the changed circumstances and, in general, experience has shown few major difficulties arising.

I am bound to say, however, that, as had been anticipated, the fact that all medical services were now open free of direct cost to every member of the public has had some adverse effect upon the favoured position of the school children in obtaining treatment of a specialist nature which they had formerly enjoyed by virtue of the special provision made for them under the terms of the Education Act of 1944. This was particularly noticeable in the supply of spectacles and where formerly children had been able to obtain these virtually "on demand" they now had to take their place in the queue with the whole population. Since the demand on the ophthalmic services far exceeded the extent to which it could be met, it was found that many children had to wait eight months and more for their glasses. A system of priority for those whose sight was likely to suffer permanent injury was instituted but its value was to some extent depreciated by the heavy demand made upon it. There is, however, ground for hope that as the supply of lenses, which was the limiting factor, catches up with the initial heavy demand, the position will rectify itself.

A second sphere in which the school child's position suffered was in admission to hospital for operative treatment of tonsils and adenoids. Two factors appear to have caused this, one the greatly increased demands on the hospital services as a whole, and the other the postponement of operative treatment whenever possible because of the prevalence in the country of poliomyelitis. The reason for this postponement is that experience has shown that any operative or other interference with the mucous membrane of the respiratory tract renders the subject more susceptible to infection by the causal organism of this disease; it is, therefore, essential in the presence of an increased incidence of poliomyelitis such as has been experienced recently to refrain from any avoidable procedure which adds to the risk.

The third way in which the school health service was expected to be affected was in respect of dental services, and so far as the country as a whole is concerned this has been the most serious difficulty in that the very wide discrepancy between the remuneration in local authority and general dental service has inevitably led to a very strong movement of staff from the one to the other. In some cases the entire dental staff of an authority has resigned to take up private practice and replacements have been unobtainable; Kent has been fortunate in retaining the services of a relatively high proportion of its staff, but even so the situation causes serious concern, and so far from being able to put into operation the expansion needed to provide the priority service for mothers and young children required by the National Health Service Act, it has barely been possible to maintain the service at its existing level.

It is appropriate to draw attention to the delivery of the first two of the three mobile dental clinics authorised by the Committee and to which further reference is made in the main body of the report. Even from the first weeks of operation of these vehicles their value was clearly evident in enabling treatment under proper conditions to be provided in areas where the difficulties of working with portable equipment under most trying conditions had made good standards of treatment all but unattainable. The use of mobile dental clinics is, of course, no new thing but the type introduced in Kent is far in advance of anything produced before. For the conception and planning of these clinics Mr. F. J. Saunders, the Senior Dental Officer, was responsible, and the greatest credit reflects on him for the efficiency of their design.

A survey of the statistics incorporated in the report shows that the health of the children was such as to give cause for quiet satisfaction. The proportion of children whose general condition was classed as "good" showed a further small increase on the two previous years with a corresponding decrease in the numbers classed as "poor." Similarly the regular inspections for cleanliness showed a continuing fall in the number found to be suffering from infestation; this figure is still higher than one can regard with equanimity, but it is reasonable to hope that with the undoubted improvement in social conditions generally and with perseverance and persistence, this social problem will be reduced to as near vanishing point as is humanly possible.

Taken in all, the contents of this report are such as to show that, allowing for the limitations imposed by certain factors, outside the control of the service itself, the arrangements for the School Health Service have shown themselves to be satisfactory, and that the standard of health and physical condition of the pupils has been maintained and shown some degree of enhancement.

I would like again to express my thanks to the members of the Committee for their interest and help, to the Head-teachers for their continued support and assistance without which the service could not operate and to the members of the staff of the School Health Service.

A. ELLIOTT,  
*School Medical Officer.*

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Particulars relating to schools etc., in the area of the Education Committee on 31st December, 1949 :—

Estimated population of the Administrative County (at the middle of 1948)									1,479,030
Number of Primary School departments			...	...	...	...	...	657	
Number of pupils on the roll			...	...	...	...	...	115,159	
Number of Secondary Schools			...	...	...	...	...	113	
Number of pupils on the roll			...	...	...	...	...	50,040	
Number of Grammar Schools			...	...	...	...	...	35	
Number of pupils on the roll			...	...	...	...	...	16,804	
Number of Technical Schools			...	...	...	...	...	18	
Number of pupils on the roll			...	...	...	...	...	6,048	
Number of minor ailment clinics			...	...	...	...	...	53	
„	„	dental clinics (52 permanent, 68 temporary)					...	120	
„	„	mobile dental clinics	...	...	...	...	...	2	
„	„	ophthalmic clinics	...	...	...	...	...	30	
„	„	orthopaedic clinics under the control of the Health Committee, or Regional Hospital Board					...	24	
„	„	ear, nose and throat clinics	...	...	...	...	...	14	
„	„	speech clinics	...	...	...	...	...	18	
„	„	child guidance clinics (including City of Canterbury)					...	6	



SCHOOL CLINICS.—The following are the permanent clinics in the Committee's area including clinics attached to Hospitals:—

<i>Clinic</i>	<i>Address</i>	<i>Services</i>
Ashford ...	14 Canterbury Road...	M.R.D. Sd.
Ashford ...	Child Welfare Centre, Station Road	O.
Aylesham ...	Glyn Vivian Mission Hall	M.D.
Borough Green ...	Western Hall	M.D.
Broadstairs ...	Mothercraft Club	D.
Chatham ...	Elm House, 15, New Road Avenue	M.
Chatham ...	118, Maidstone Road	M.R.D. Sd. C.G.
Chatham ...	All Saints Hospital	A.
Chislehurst ...	The Willows, Red Hill	M.R.D. Sd. C.G., Asthma
Canterbury ...	Kent and Canterbury Hospital	R.D.O.
Canterbury ...	The Towers	Sd.
Cranbrook ...	Congregational Church Rooms, Cranbrook	R.D.
Crayford ...	Mayplace Road C.P. School, Woodside Road, Bexleyheath	C.G.D.
Crayford ...	M.C.W. Centre, Town Hall	M.R. Asthma.
Crayford ...	Youth Centre, North End	M.
Dartford ...	West Hill Hospital	M.R.D. Sd.A. Asthma. O.
Deal ...	The First Aid Post, Victoria Park...	M.D. Sd.
Deal ...	Victoria Hospital	R.O.
Dover ...	Royal Victoria Hospital	M.R.O.
Dover ...	Astor Dental Clinic	D.
Erith... ..	Hainault, Lesney Park Road	M.R.D.
Erith... ..	Bedonwell Hill	M.D.O.
Erith... ..	Lesnes Abbey	M.
Erith ...	Erith and District Hospital	A.
Elvington ...	Mission Hall	D.
Faversham ...	Wesleyan Hall, Solomon's Lane, Preston Street.	M.D.
Folkestone ...	Old Harvey Grammar School, Foord Road	M.D.
Folkestone ...	Royal Victoria Hospital	R.O.
Folkestone ...	Baker Road, Cheriton	M.D. Sd.
Gravesend ...	Windmill Street, Welfare Centre	M.
Gravesend ...	"The Nest", Welfare Centre, 107 Rochester Road, Denton	M. Sd.
Gravesend ...	Gravesend & North Kent Hospital	R.S.A.O.
Gravesend ...	5, Manor Road	D.
Gravesend ...	Estate Office, Whitehill Road	M.
Herne Bay ...	K.C.C. Treatment Centre, Kings Road	M.R.D.O.
Hythe ...	Child Welfare Centre, Prospect Road	R.D.
Maidstone ...	Foster Street	M.D.
Maidstone ...	Brunswick House, Buckland Hill	C.G. Sd.
Maidstone ...	Ophthalmic and Aural Hospital	R.S.A.
Maidstone ...	North Borough C.P. School...	D.
Maidstone ...	South Borough C.Sec. School	D.
Maidstone ...	West Kent Hospital	O.
Margate ...	Child Welfare Centre, College Road	M.R.D.O.
Margate ...	King Ethelbert Clinic, Canterbury Road, Westgate	M.
Margate ...	Eton House, St. Peter's Road	Sd.
Mottingham ...	Kimmeridge Road	M.D.
Northfleet ...	West Kent House, Station Road	M.D.
Orpington ...	School House, Chislehurst Rd. C.P. School	M.R.D. Sd.
Orpington ...	Orpington Hospital	O.
Penge ...	17, Oakfield Road, S.E.20	M.R.D.
Ramsgate ...	Health Centre, Newington Road	M.R.D.O. U.V.R.
Rochester ...	Strood House, Corporation Street	M.D.
Rochester ...	Gun Lane, Strood	M.
Rochester ...	St. Bartholomew's Hospital	O.
Sevenoaks ...	Dorset House, St. John's Road	M.D.R.A.O. U.V.R.
Sheerness ...	Granville Villa, Granville Road	M.R.D.A.
Sheppey ...	General Hospital	O.
Sidcup ...	Longlands C.P. School, Woodside Road	M.
Sidcup ...	<del>Congregational Hall</del>	<del>M.</del>
Sidcup ...	<del>Baptist Church Hall</del>	<del>D.</del>
Sidcup ...	Queen Mary's Hospital	O.A.
Sittingbourne ...	36, Albany Road	M.R.D. Sd. A.
Sittingbourne ...	Johnson House, Burley Road	O.
Southborough ...	Prospect Road	D.
Snodland ...	M.C.W. Rooms, Malling Road	M.D.A.
Swanley ...	Congregational Hall	M.D.
Swanley ...	10 Station Road	M.D.
Swanley ...	The Oval	M.

<i>Clinic</i>	<i>Address</i>	<i>Services</i>
Tenterden ...	West View, Plummer Lane ...	O.
Tenterden ...	Town Hall ...	D.R.
Tonbridge ...	Baltic Road, Quarry Hill ...	M.D.R. Sd. A. C.G.
Tunbridge Wells ...	10-12 Calverley Terrace, Crescent Road ...	M.D.R. Sd. O.S.
Tunbridge Wells ...	Kent and Sussex Hospital ...	A.
Vigo Village... ..	Welfare Hut ...	M.
Walmer ...	Baptist Church Room ...	D.
Whitstable ...	Masonic Hall, Cromwell Road ...	M.D.
Whitstable ...	Clifford Hall, Whitstable Hospital ...	R.
West Malling ...	Badminton Hall ...	D.

## EXCEPTED DISTRICTS

Beckenham ...	School Clinic, Town Hall ...	M.R.D. Sd. O.A.U.V.R.
Beckenham ...	Hawes Down Clinic ...	M.D. Sd. O.
Bexley ...	Little Danson Clinic, Welling ...	M.D.R.A.
Bexley ...	3, Murchison Avenue, Bexley ...	M.
Bexley ...	Wrotham Road Clinic ...	Sd.
Bexley ...	Child Welfare Centre Station Approach Road Welling ...	O.
Bexley ...	315, Broadway, Bexley Heath ...	M.D. U.V.R.
Bromley ...	Princes Plain Clinic ...	Sd. M.D. U.V.R.
Bromley ...	North Clinic, Station Road ...	O.M.R.D.S. U.V.R.
Bromley ...	Hayes County Primary School ...	M.
Bromley ...	Burnt Ash County Primary School ...	M.
Gillingham ...	Balmoral Gardens Clinic ...	M.R.D.
Gillingham ...	Health Centre, Rainham ...	M.D.

U.V.R.—Ultra Violet Radiation.

M.—Minor Ailments.

R.—Refractions.

D.—Dental

O.—Orthopaedic\*

C.G.—Child Guidance.

Sd.—Speech defects.

S.—Orthoptic training.

A.—Ear, Nose and Throat.

\* These clinics are administered by the Health Committee of the County Council, or the Regional Hospital Board.

In addition, temporary dental clinics are held as required in different parishes by arrangement with the Trustees of Village Halls, etc.

STAFF.—On the 31st December, 1949, the staff was as follows :—

## SCHOOL MEDICAL OFFICER :

Elliott, A., M.D., D.P.H.

## DEPUTY SCHOOL MEDICAL OFFICER :

Bramley, G. F., M.D., D.P.H. (Until 30/4/49).

Lyon, D. M., O.B.E., M.B., Ch.B., D.P.H. (From 7/11/49)

## ASSISTANT COUNTY MEDICAL OFFICER (Central Staff) :

Wallace, G. P., M.A., M.B., Ch.B., D.P.H.

## SENIOR DENTAL OFFICER :

Saunders, F. J., L.D.S.

	<i>Number</i>	<i>Aggregate staff in terms of the equivalent number of whole-time Officers given to the School Health Service</i>
(a) Medical Officers* ... ..	66	34.2
(b) Dental Officers... ..	30	27
(c) Speech Therapists ... ..	8	4.3
(d) Health Visitors (School Nurses) ...	243	80
(e) Dental Attendants ... ..	35	32.25

\* Not including part-time Medical Officers employed for specialist examination and treatment only, but including Central Staff.

There has been a continuance of the arrangements described in my last report whereby a number of Assistant County Medical Officers have attended clinical classes and two of them have in turn been seconded as full-time clinical assistants to the Paediatric Unit at Farnborough Hospital. The benefit to the County service, though indirect, has been clear to all concerned and has unquestionably contributed to a high standard of care available to the school children.

Arrangements have also been continued for refresher courses for Dental Surgeons with corresponding benefit.

Six Assistant County Medical Officers attended a course lasting two weeks on the ascertainment and educational treatment of educationally sub-normal children.

#### CHILD GUIDANCE CENTRES :

<i>Staff of Centres</i>	<i>(a) Number</i>	<i>(b) Aggregate in terms of the equivalent number of wholetime officers</i>
Psychiatrists ... ..	5	3.5
Psychologists ... ..	7	5.5
Psychiatric Social Workers ... ..	3	2.5
Play Therapists ... ..	1	0.5

#### MEDICAL INSPECTIONS.

The Minister of Education requires under Regulation 49(1) of the Handicapped Pupils and Medical Services Regulations 1945, that arrangements shall be made for the medical inspection of the undermentioned pupils :—

- "Entrants," i.e., all pupils who were entered on the roll of a maintained school for the first time.
- Pupils who attained the age of 11 years during the year.
- "Leavers".
- Pupils receiving Special Educational Treatment.

During the year under review, 56,021 pupils were inspected in accordance with the requirements of the Minister. In addition, pupils aged 8 years in primary schools, pupils aged 12 years in Secondary Technical Schools, and pupils aged 13 years in Secondary Grammar Schools, were inspected. It was necessary during the second half of the year temporarily to discontinue the examinations of the eight-year group, owing to the resignation of two Medical Officers, creating vacancies which could not be filled because of the ban on advertising in the medical press which lasted from November, 1948 until July, 1949.

In July, 1949, the Minister of Education approved, as an experiment, a proposal that six routine medical inspections of pupils in the "Excepted" District of Beckenham should be carried out during their school life. Dr. T. P. Cole has reported on the experiment as follows :—

"There are certain obvious advantages in this procedure. Examination every other year is of considerable help in discovering defects in vision. It might be thought that parents and teachers would readily become aware of such defects and refer the children for examination: in actual practice it is rather surprising to find that in a number of children, defects of appreciable degree are found at periodic inspections, and that these defects were entirely unsuspected by parents, teachers and even by the children themselves.

More frequent periodic inspections with consequent 'following-up' at the inspection clinics, makes it possible to exercise a much closer supervision over children who present abnormalities, but show no definite signs of organic disease."

In April, 1949, the Committee decided that medical inspection should be made available to independent schools without charge under the provisions of Section 78 of the Education Act, 1944, provided that it could be arranged without prejudice to the arrangements for maintained schools. It was also agreed that medical treatment be made available, without charge, to children in attendance at independent schools, provided that the treatment could be carried out at the school clinics without detriment to the interests of the children attending maintained schools. At the end of the year, medical and dental inspections were being carried out at fifteen independent schools.

Table 7 on page 19, gives the number of routine medical examinations, special examinations and re-inspections carried out during the year.

A comparison of the number of children found to have defects shows little change from the previous years.



## GENERAL CONDITION OF THE PUPILS.

Under the broad assessments of nutrition made at routine medical inspections, the general condition of the pupils was classified in 1947, 1948 and 1949 as follows :—

TABLE 1.

Year	Number of Pupils Examined	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
1947	70,855	19,757	27.9	43,287	61.1	7,811	11.0
1948	72,492	21,188	29.2	44,608	61.6	6,696	9.2
1949	68,012	21,594	31.8	41,421	60.9	4,997	7.3

**FOLLOWING-UP.**—With a few exceptions, the Health Visitors attend at school medical inspections, and if the parents are not present at the inspection the Health Visitors when necessary visit the parents at home for the giving of any necessary advice.

**MEDICAL TREATMENT.**—During the year it was agreed that the psychiatrists employed at the Child Guidance clinics should be employed by the Regional Hospital Board, leaving the Education Committee with the responsibility for the maintenance of the clinics and the engagement of the other staff. No arrangement has yet been agreed with the Board for the transfer to the Board of the part time Otolaryngologists and the Orthopaedic Surgeons. The Ophthalmologists have continued to be employed by the Committee on a sessional basis in accordance with the provisions of The National Health Service (Supplementary Ophthalmic Services) Regulations, 1948.

(a) *Minor Ailments.*—Under the supervision of a Medical Officer, the treatment of minor ailments and of impetigo, small wounds, etc., is carried out by Health Visitors at the fifty-three clinics established by the Committee. The Medical Officers attend at the clinics at weekly or fortnightly intervals, but most of the clinics are open every morning for a short period for the purpose of treatment of minor ailments. Where no clinic is available, treatment is carried out at the schools. During the year under review 33,658 defects were treated.

(b) *Cleanliness Inspections.*—The Health Visitors carry out a cleanliness inspection at each Primary and Secondary School as soon as possible after the beginning of each term, and at Secondary Grammar and Technical Schools at the request of the Head of the School. These inspections continue to occupy a considerable amount of time of the health visitors who made 445,060 examinations of children during the year. The following table shows the incidence of infestation over the last four years:—

TABLE 2.

Year	Total number of examinations of pupils	Number of individual pupils found unclean
1946	404,783	9,731
1947	406,313	7,931
1948	439,773	7,909
1949	445,060	7,046

The Health Visitors also made home visits for the purpose of advising parents on cleanliness, and steel combs and various preparations are supplied to parents free of cost on application.

(c) *Defective Vision.*—There are thirty clinics of which seven are in hospital out-patient Departments, and during the year 14,458 pupils were examined for errors of refraction, including squint. Of these 6,195 had spectacles prescribed, and 4,605 pairs of spectacles were supplied by the Executive Council. There is still a considerable delay in the supply of spectacles and the matter has been taken up on a national basis by the Association of Education Committees. While the present heavy demands continue there is little hope of improvement, though it is anticipated that the demand will eventually decrease to more reasonable proportions. By arrangement with the Executive Council, prescriptions for school children are receiving such priority as is practicable when it is considered by the Ophthalmologist that a child is in danger of suffering permanent harm if the provision of spectacles is delayed.

During the year the Assistant County Medical Officers reported that forty-two pupils tested by the "Ishihara" colour vision plates were found to have a defect of colour vision. Of these thirty-five were examined by the Ophthalmologists by means of a "lantern test" to obtain more exact information as to the degree of colour blindness. Fourteen children were found to have such a degree of defect as to render them unsuitable for future employment in occupations where a full range of colour vision is essential.

The Health Visitors continued to test the vision of children aged 7 years, and 8,971 children were so examined. Of these, 828 were referred to an Assistant County Medical Officer for further examination.

(d) *Enlarged tonsils and adenoids.*—3,579 pupils received operative treatment during the year as compared with 2,331 in 1947 and 2,865 in 1948. There is still considerable delay in the provision of operative treatment by reason of the shortage of hospital beds and the postponement of operative treatment during outbreaks of anterior poliomyelitis.

(e) *Defective Hearing and Ear Disease.*—Pupils found to be suffering from serious diseases of the ear are sent to the nearest clinic or hospital where examination and treatment by an Otolaryngologist is possible. Treatment of minor diseases of the ears are undertaken at the minor ailment clinics. Lip reading classes for children who were reported to be hard of hearing were held at Bromley and Margate.

(f) *Child Guidance Service.*—Clinics are now held at Chatham, Chislehurst, Crayford, Maidstone and Tonbridge, at the Bromley Hospital by arrangement with the Regional Hospital Board, and at the City of Canterbury clinic. It was found necessary to close the sub-clinic held at Ashford owing to the shortage of staff. Dr. Alan Maberly has continued to act as part-time Consultant Psychiatrist to the Committee, and he has reported as follows:—

"In 1949 the demand upon the services of a child guidance clinic steadily increased, but the planned expansion in facilities did not occur owing to continued shortages of suitable qualified staff and of buildings. All the clinics were short staffed for part of the year, and unfortunately, the Ashford Clinic had to be closed temporarily. While, in spite of these difficulties the number of new cases seen rose from 781 to 847 of which 159 came from Courts, no less than 1,060 cases were referred and waiting lists lengthened further. This position is far from satisfactory, as in some cases, a child may have to wait over a year to be seen. It is inevitable that very many such cases are withdrawn before examination or prove unco-operative. Treatment attendances rose from 6,603 to 9,223, and the total of interviews with children or their parents was 12,917. The policy of working in the closest co-operation with teachers, probation officers and the staff of the Children's Department has been actively pursued. Every effort has been made during the year to find suitable premises for a hostel for maladjusted children, unfortunately, so far without success."

The following Table shows the number of patients dealt with during the year:—

TABLE 3.

Clinic	No. of pupils referred	No. of Patients Diagnosed	Total Number of Interviews	Number Discharged				
				Consultation only	Condition unchanged	Condition improved	Non-co-operative	Transferred to other Authority
Canterbury... ..	219	204	2,721	82	17	71	29	12
Chatham ... ..	222	121	1,281	76	3	33	6	16
Chislehurst ... ..	103	91	1,754	53	2	36	8	13
Crayford ... ..	223	167	4,217	50	4	92	18	12
Maidstone ... ..	184	184	2,607	117	—	24	4	11
Tonbridge ... ..	109	80	337	45	—	20	5	2
Total ... ..	1,060	847	12,917	423	26	276	70	66

(g) *Speech Defects.*—At the end of the year there were eighteen Speech Therapy Clinics with a staff of speech therapists equivalent to the time of 4 3/11 full-time officers. The work in the clinics continues to expand, but it was not found possible to recruit a speech therapist to fill an existing vacancy or to appoint the additional therapist authorised by the Committee. Unfortunately it was necessary to close the clinic opened at Deal in October, 1948 owing to the illness of the Speech Therapist in attendance and it was not possible to open the clinic at Gravesend. It is hoped to establish these clinics early in 1950.

During the year the Committee appointed Miss J. Pollitt as Chief Speech Therapist so as to relieve Dr. Stableforth of the work of supervision. Dr. Stableforth has been actively employed in the organisation of this service since 1935, and the facilities that the school children in Kent have enjoyed for so many years are in no small measure due to her enthusiasm and zeal.

The clinic attendances were :

1. Total number of patients treated	...	...	...	...	...	949
2. Number of patients receiving treatment at the end of the year	...	...	...	...	...	519

#### CLASSIFICATION OF PATIENTS

(a)	Sigmatism (Imperfect or improper use of the S sound)	...	...	93
(b)	Simple Dyslalia (Defective pronunciation)	...	...	90
(c)	General Dyslalia	...	...	90
(d)	Multiple Dyslalia	...	...	261
(e)	Alalia (Absence of speech)	...	...	10
(f)	Aphasia (Loss of power of speech from cortical lesion)	...	...	5
(g)	Dysphonia (Difficulty in phonation)	...	...	88
	1. Cleft Palate—51			
	2. Other Causes—37			
(h)	Dysarthria (Defective articulation due to nerve disease)	...	...	16
(i)	Stammering	...	...	256
(j)	Stammering with Dyslalia	...	...	40
				<hr/> Total 949

Discharges during the year

(a)	Treatment completed	...	...	...	...	...	161
(b)	Consultation only	...	...	...	...	...	41
(c)	Discharged under 3 monthly observation	...	...	...	...	...	78
(d)	Discharged for bad attendance or left district or School, etc.	...	...	...	...	...	150
Total							430

The following Table shows the number of patients attending at each clinic.

TABLE 4.

Clinic	No. of patients treated during the year	No. of patients discharged during the year
Bexley ... ..	38	16
Beckenham (2) ... ..	82	21
Bromley ... ..	18	10
Ashford ... ..	39	25
Canterbury ... ..	34	27
Chatham ... ..	86	28
Chislehurst ... ..	80	28
Dartford ... ..	151	67
Deal* ... ..	—	—
Folkestone ... ..	73	32
Gravesend§ ... ..	—	—
Maidstone ... ..	110	62
Margate ... ..	44	35
Orpington ... ..	60	26
Sittingbourne ... ..	30	9
Tonbridge ... ..	78	36
Tunbridge Wells ... ..	26	8
	<hr/> 949	<hr/> 430

\* Closed temporarily.

§ It was not found possible to open this Clinic during the year.

(h) *Dental Defects.*—The Senior Dental Officer, Mr. F. J. Saunders, has reported :—

“ The disparity between salaries of school dental officers and the earnings of dentists working in Part IV of the National Health Service, has impeded the recruitment of Dental Surgeons to the County staff. As a result the approved establishment of 50 whole-time officers was reduced from 34 at the commencement of the year to the equivalent of 30 at the 31st December.



Of the 30 officers available at the end of the year, the equivalent of approximately 27 worked 547 half-day sessions on inspection and 12,429 sessions for treatment, whilst the remainder devoted 1,431 sessions to the inspection and treatment of expectant and nursing mothers and children under five.

Owing to the heavy demand for treatment and the increased number of children under the care of each officer, from 5,849 in 1947, 5,863 in 1948 to 6,965 during the year, it is taking officers in some cases from two to three years to complete the circuit of inspecting the children in their area. It was not possible, with the staff available, to provide inspection and treatment to more than 36.07% of the 188,051 children on the school roll. Unless the situation changes in the immediate future, the service must inevitably result in the treatment of defects which might have been prevented by adequate inspection and treatment.

The Education Committee has approved the appointment of four women dental hygienists to work in clinics under the supervision of the dental officer. The main duties of these officers will be the scaling, cleaning and polishing of children's teeth and of mothers treated under Part IV of the National Health Service Act. They may also be used to give talks on the care of the teeth to children and mothers and for speaking at the meetings of parents and teachers. It is estimated that the recruitment of four dental hygienists to undertake these restricted but time-saving tasks will effect a saving in man-power equivalent to about 2-2½ dental surgeons.

Some improvement in the service available for children in Bexley was made possible towards the end of the year by the public spirited offer of eight dental practitioners to set aside a portion of their time each week of up to one, two or three hours for the treatment of children in their own surgeries or at the clinic.

The most notable development was the delivery of two semi-articulated mobile caravan clinics specially designed and equipped to meet the Council's requirements to provide a complete service for children and mothers living in widely scattered rural districts where treatment had hithertofore been carried out in the schools and halls by the use of portable equipment. The first clinic was used at Aylesford on the 28th April; since then it has visited the outlying villages of Eccles, Wouldham, Burham, Hoo, Cliffe, Wainscott, High Halstow, All Hallows, Grain, Dunkirk, Newnham, Lower Halstow, Eastchurch, Bredhurst, Stockbury, Yalding, Laddingford, Collier Street, Headcorn and Staplehurst. No. 2 clinic commenced on the arrears of work in Bexley on the 5th December. On completion of the work it will visit the villages of Pratts Bottom, Biggin Hill, Cudham, Downe, Halstead, Knockholt, Westerham, Brasted, Sundridge, Farnborough, Darenth, Horton Kirby, Farningham, Kingsdown, Hartley, Longfield, Southfleet, Trottiscliffe, Stansted, Stone, Bean, Meopham, Fawkham, Sutton at Hone, Kemsing, Dunton Green, Underriver, Shoreham, Seal, Seal St. Lawrence, Ide Hill, Chiddingstone Causeway, Eynsford. As few schools had suitable access to enable the clinic to function in the playground, other accommodation was willingly provided either free or at a nominal rental each week at a farm, public house, garage, recreation ground or vacant piece of ground by the roadside. So far it has not been possible, owing to the shortage of staff, to arrange an area in readiness for the delivery of the third clinic on the 6th January, 1950.

Of the recommendations sanctioned in 1946, 1947 and 1948 for the adaptation of the air raid shelters on the school premises at Aylesham and Cranbrook, additional surgeries at Gravesend and Orpington and alternative accommodation in Sidcup, Mottingham and Penge, it had only been possible to complete the projects at Gravesend. During the year under review, proposals have been submitted to the Committee for additional accommodation at 80 Croydon Road, Beckenham, improvements to the premises in Corporation Street, Rochester, the Mothercraft Club, Broadstairs, and for the use of premises at Walmer.

To enable the staff to keep abreast of the most recent advances in Dental Science, arrangements were made for four leading dental surgeons from London to give a series of lectures illustrated with sound and silent films at the County Hall, Maidstone, in January on "The Practical Aspects of Preventive Dentistry," "Penicillin and Dental Disease," "Hormones and Vitamins," "Modern Developments in Amalgam Technique," "The Restoration of Broken Incisor Permanent Teeth" and "Modern Developments in Conservative Dentistry" including instruction in the use of Sodium Fluorid.

Orthodontic treatment is now so popular that the demand became somewhat embarrassing, so much so that it has proved difficult for the dental officers to give an appointment to children in preference to those in need of treatment of a preventive nature and until some improvement of staff is obtained, the Orthodontic Surgeon has been asked to confine his selection of patients to those children who would gain the greatest benefit from treatment.

Details of the number of patients examined and the appliances made in the County Dental Laboratories are:—

TABLE 5.

No. examined by Orthodontist	No. requiring appliances	No. completely treated	Total No. of attendances
3,380	850	493	9,472



TABLE 6.

Orthodontic Appliances Fitted					Other Appliances Fitted		
Upper	Lower	Oral Screens	Remakes	Repairs	Dentures	Remakes	Repairs
995	64	244	8	68	354	8	31

Patients needing X-ray were sent to the nearest hospital. Of 56 surgeries established in 52 permanent buildings, 52 have been in operation during the year. In addition, treatment was made available either in schools and halls in 68 rural districts by using portable equipment. It is hoped that the mobile clinics will be able to visit most of these districts next year.

The figures below show the work undertaken during the year compared with the amount done in the two preceding years.

	1947	1948	1949
Staff available in terms of full-time Officers			
on 31st December ... ..	27.6	30	27
Inspection Sessions ... ..	776	750	547
Treatment Sessions ... ..	12,476	13,743	12,429
Inspected (Including Specials) ... ..	111,303	105,209	78,208
Referred for treatment ... ..	64,586	57,707	42,411
Actually treated ... ..	40,827	46,502	41,294
Attendances ... ..	105,333	117,247	107,988*
Permanent Teeth Extracted... ..	9,254	10,293	9,939
Temporary Teeth Extracted ... ..	52,776	57,398	53,883
Fillings—Permanent Teeth ... ..	40,891	44,449	33,892
Temporary Teeth ... ..	9,551	10,935	9,509
Number of Children examined by Dental Surgeon for Orthodontic Services ...	2,460	2,580	3,380
Referred for appliances ... ..	806	966	850
Appliances—Fitted ... ..	771	953	1,059
Remakes ... ..	37	36	8
Repairs ... ..	55	70	68
Denture Appliances—Fitted... ..	168	265	354
Remakes ... ..	10	10	8
Repairs ... ..	29	38	31
Acrylic Crowns ... ..	19	26	15
Acrylic Caps ... ..	—	15	27
Acrylic Inlays ... ..	—	6	14
Gold Inlays ... ..	—	4	—
Other Operations—Permanent Teeth ...	23,748	31,407	26,679*
Temporary Teeth ... ..	8,576	9,391	8,506
General Anaesthetics ... ..	10,850	13,582	14,015
Ratio of permanent teeth filled to permanent teeth extracted ... ..	4.42 to 1	4.32 to 1	3.41 to 1
Permanent Clinics ... ..	53	52	52
Temporary Clinics ... ..	87	91	89§

\* Includes Orthodontic.

§ Including districts visited by No. 1 Mobile clinic.

Other operations to permanent teeth recorded on Table 10, Page 25, include orthodontic treatment in the nature of impressions, appliances fitted, easings, root treatment, crowns, 6,057 scalings, polishing of teeth and fillings and the insertion of 8,754 dressings, in addition to 8,506 other operations connected with temporary teeth. The ratio of fillings to permanent teeth extracted is 3.41 to 1, compared with 4.32 to 1 in 1948.

The work done during the year was only made possible by the good work of the Staff and I should like to record my appreciation of their efforts."

(i) *Orthopaedic and Crippling Defects.*—The orthopaedic scheme is administered by the Health Committee of the County Council. In 1949 there were 81,415 attendances at the orthopaedic clinics compared with 68,348 attendances during 1948. Of the former figure, 84.1% were children in attendance at maintained schools.

The following table gives particulars of the number of new patients during the year and the total number of attendances.

Clinic						New Patients of School Age	Total Number of Attendances of Children of School Age
Ashford ... ..	...	...	...	...	...	66	1,209
Beckenham ... ..	...	...	...	...	...	197	5,936
Bromley ... ..	...	...	...	...	...	117	3,292
Canterbury ... ..	...	...	...	...	...	306	1,013
Dartford ... ..	...	...	...	...	...	227	2,834
Deal ... ..	...	...	...	...	...	77	2,455
Dover ... ..	...	...	...	...	...	93	1,246
Erith... ..	...	...	...	...	...	154	2,493
Folkestone ... ..	...	...	...	...	...	118	4,819
Hawes Down ... ..	...	...	...	...	...	87	2,623
Herne Bay ... ..	...	...	...	...	...	35	1,294
Maidstone ... ..	...	...	...	...	...	217	3,852
Margate ... ..	...	...	...	...	...	87	2,056
Minster ... ..	...	...	...	...	...	39	1,206
Orpington ... ..	...	...	...	...	...	109	4,779
Ramsgate ... ..	...	...	...	...	...	122	2,879
Rochester ... ..	...	...	...	...	...	416	4,328
Sevenoaks ... ..	...	...	...	...	...	177	3,927
Sidcup ... ..	...	...	...	...	...	141	3,406
Sittingbourne ... ..	...	...	...	...	...	127	1,637
Tenterden ... ..	...	...	...	...	...	45	1,055
Tunbridge Wells ... ..	...	...	...	...	...	277	4,322
Welling ... ..	...	...	...	...	...	254	3,412
Wrens Warren ... ..	...	...	...	...	...	92	2,374
Totals ... ..	...	...	...	...	...	3,580	68,447

#### WORK OF VOLUNTARY BODIES

The following Table shows the amount of work undertaken by the National Society for the Prevention of Cruelty to Children on behalf of the Committee during the year.

Branch						No. of children	Visits made
Ashford ... ..	...	...	...	...	...	17	24
Bromley ... ..	...	...	...	...	...	22	173
Canterbury ... ..	...	...	...	...	...	45	91
Hastings ... ..	...	...	...	...	...	2	6
Isle of Thanet ... ..	...	...	...	...	...	21	65
Maidstone ... ..	...	...	...	...	...	46	128
North Kent ... ..	...	...	...	...	...	31	65
South East Kent ... ..	...	...	...	...	...	32	91
West Kent ... ..	...	...	...	...	...	24	33
Totals ... ..	...	...	...	...	...	240	676

#### VISIT OF PRE-TUBERCULAR CHILDREN TO SWITZERLAND

In April, the Ministry of Education informed the Education Committee of a generous invitation extended by the Swiss Red Cross for a party of children with incipient pulmonary tuberculosis to have the benefit of a four months stay at a Swiss preventorium. This invitation was gladly accepted and with the kind assistance of the Chest Physicians and Dr. Walder, a medical officer of the Swiss Red Cross, fifteen children were selected.

The children and their escorts left England on the 24th May. Officers of the Swiss Red Cross gave the children a warm welcome at Calais and attended to their comfort and well-being during the night journey across France.

On arrival at Basle the children were given breakfast at the station before taking leave of their British escorts and entraining for Brissago in the south of Switzerland. The children quickly made friends with their new escorts and departed in high spirits.

The preventorium was situated in beautiful surroundings on the shores of a lake. During their stay the children received medical and nursing care and an abundance of fresh air and good food. It was evident on conversing with them after their return that they had also been cared for with a kindness and understanding which enabled the full benefit of their treatment to be realised.

The general improvement in the physical condition of the children was evident to the escorts who went to meet them at Calais on their return from Switzerland. Confirmation of this was later received from the various Chest Physicians who examined the children after their return. Twelve out of the fifteen children were greatly improved by their stay in Switzerland. Of the remaining three, two had improved in health but as they also suffered from asthma and chronic bronchitis, their improvement was not so marked as the majority. The remaining child had improved during his stay abroad but lost some ground after his return home.

#### CONVALESCENT HOME TREATMENT

The County Council were informed by the Ministry of Health that the Council's proposals under the provisions of Section 28 of the National Health Service Act, 1946, cover the provision by the County Council of residential facilities in recuperative and holiday homes not providing for combined medical and/or nursing care. This includes provision for school children, and as from 1st June 1949, it was no longer necessary for the Education Committee to provide short-term residential accommodation treatment for school children under the provisions of the Education Act, 1944. Where convalescent home accommodation calling for combined medical and/or nursing will be required the necessary provision becomes the responsibility of the Regional Hospital Board. During the year, seventy-seven children were admitted to holiday and recuperative homes.

#### DIPHTHERIA IMMUNISATION

The County Council arrange for immunising facilities to be available for children of school age and special sessions are held at the Committee's school clinics, and if appropriate, on school premises. The Assistant County Medical Officers explain and impress upon parents present at school medical inspections the need for, and value of, immunisation. The arrangements for giving reinforcing injections apply, as necessary, at appropriate stages throughout the period of school life. The following table shows the extent to which Diphtheria Immunisation has been carried out in the County during the year 1949 :

Primary Injections Number of children between 5 and 15 years	Secondary or re-inforcing injections
6,377	36,235

#### RESIDENTIAL SPECIAL SCHOOLS

##### *Wrens Warren Camp School for Delicate Children.*

The use of these premises has always been regarded as a temporary arrangement until permanent special schools could be established in the County. The Committee have now acquired the properties known as "Valence," Westerham, and "Montrose," Margate, and it was decided to terminate the agreement with the National Camps Corporation for the rental of Wrens Warren as from December 31st, 1949. During the year under review, Dr. J. H. Hazeldene held regular periodic routine inspections at the school, and he has reported as follows :—

"The closure of this school saw the end of an experiment which benefited several hundred children who had spent one or more terms in residence. The numbers accommodated during the year ranged between 130 and 145. The following figures apply to the last term of the year and indicate the types of disability admitted to the school. Children suffering from debility numbered 57, from nutritional defects, 40. Twenty-six children suffered from asthma, 8 from anaemia and 13 from orthopaedic defects. A considerable proportion of these children, in addition to their physical defects, also suffered from such conditions as emotional maladjustment and educational retardation and it is a high tribute to the Headmaster and his staff that the school was able to deal with these children, with remarkable success, both from the physical and mental standpoint.

The following weight tables show the average gains in pounds weight of each of the four groups of scholars, Junior Girls, Junior Boys, Senior Girls and Senior Boys.



Group	Term 1	Term 2	Term 3	Term 4
J.G. ...	$1\frac{1}{2}$	$1\frac{1}{2}$	$1\frac{3}{8}$	See below
J.B. ...	$3\frac{7}{8}$	$1\frac{1}{2}$	$1\frac{3}{8}$	
S.G. ...	$6\frac{1}{2}$	$2\frac{3}{8}$	$1\frac{3}{4}$	
S.B. ...	$6\frac{1}{8}$	$2\frac{1}{8}$	$2\frac{3}{8}$	

The fourth term is charted against numbers of terms in residence:										
	1	2	3	4	5	6	7	8	9	
J.G. ...	$1\frac{1}{4}$	$1\frac{1}{4}$	$1\frac{1}{2}$							
J.B. ...	4	$1\frac{3}{4}$	$1\frac{1}{4}$	$1\frac{3}{8}$	$2\frac{7}{8}$	$\frac{3}{8}$				
S.G. ...	$6\frac{1}{2}$	$2\frac{3}{8}$	$1\frac{3}{4}$	$6\frac{5}{8}$	$2\frac{1}{8}$	$1\frac{3}{8}$	$2\frac{5}{8}$	$2\frac{3}{4}$	$1\frac{1}{8}$	
S.B. ...	$6\frac{1}{8}$	$2\frac{1}{8}$	$2\frac{7}{8}$	$3\frac{7}{8}$	$1\frac{7}{8}$	$1\frac{5}{8}$	$\frac{1}{2}$		$3\frac{3}{8}$	

Average spirometer reading increases in the junior boys, junior girls, senior boys and senior girls were 200, 240, 200 and 175.  
Another group survey was that of patch testing :

Reading	J.B.	J.G.	S.B.	S.G.
+	17	4	17	8
—	26	27	22	20

None showed a marked reaction. (Test and control results if positive for both were taken as negative).  
Remedial exercise classes were taken twice weekly by Miss V. Ashley, the visiting Physiotherapist, the children being selected for treatment by Mr. J. H. Mayer, F.R.C.S., the Orthopaedic Surgeon. Thirty-three children attended for Ophthalmic examination, 6 for Dermatological out-patient treatment, one for investigation for a possible physical cause for enuresis, 6 children were X-rayed for possible fractures and 2 children were treated in plaster of Paris for correction of orthopaedic deformities. Mr. A. W. McCarthy, the Dental Surgeon, inspected 517 pupils and found 219 of these required treatment.  
The Camp Minor Ailment Clinic had an average daily attendance of 30. The most trivial abrasions and cuts were treated immediately which may account for the infrequency of septic sequelae. In the course of the year, 102 children were admitted to the Camp Sanatorium suffering from the following conditions : upper respiratory infections (including "sore throats" and tonsillitis)—20, pneumonia—1 (transferred to hospital), peritonsillar abscess ("quinsy")—3 (also sent to hospital), asthma—6, otitis media—2, impetigo—1, chicken pox—2, herpes zoster—2, acute rheumatism—1, fractured clavicle—1.



The first cleanliness inspection of each term revealed nits in a number of heads, the numbers being 15, 12, 15 and 9 for January, April, July and October respectively. There was a tendency for relapses to occur after Parents' Day, but fortnightly head inspections proved effective.

The children were always encouraged to regard themselves as normal-healthy youngsters and their physical activities were consistent with this attitude. Fifty-one learned to swim in the open air pool. Scout, Guide, Cub and Brownie Companies received official recognition. After careful "vetting," 29 boys slept under canvas, camping out in the fullest sense, thereby creating great jealousy among the girls."

*Rusthall Open Air School (Mixed).* Dr. C. R. Doniger reports as follows :—

"THE SCHOOL BUILDING.—The School can accommodate about 70-75 children. Further expansion of the School is at present limited by the size of the dining room, cloakroom, and resting accommodation.

SIZE OF CLASSES AND AGE RANGE.—The full accommodation was not taken up during the Spring and Summer terms, but there were 70 children attending during the Autumn Term:

	Spring Term	Summer Term	Autumn Term	Total
In School ...	58	67	70	—
Admitted ...	5	14	15	34
Discharged ...	5	12	9	26

The age range in the School during the year was from 5-16 years. There are 3 classes of approximately equal numbers, the children being placed according to age and educational attainment. There is necessarily a wide range of ages in each class and this necessitates subdivision of the classes and a certain amount of individual teaching.

The trend of admissions and discharges during the year has been to reduce the number of older children in the School.

	Turned 5 and under 8 yrs:	Turned 8 and under 11 yrs:	Total under 11 yrs:	Number aged 11 yrs: and over
Number in School in Autumn Term ...	24	33	57	13

	Under 11 years :	Over 11 years :	Total
Discharges during year ...	15	11	26
Admissions during year ...	30	4	34

SCHOOL ROUTINE.—The children come from Tonbridge, Tunbridge Wells and neighbouring districts and special transport is provided.

Breakfast, dinner and tea are provided in the school. Meals and menus are arranged by dieticians and the food and cooking are excellent. As ration books are not given up, all the food including a pint of milk is additional to the ordinary rations.

There is a rest period of 1 hour after dinner and a fair number of the children actually sleep. Unless contra-indicated each child has a cold shower once a week. Each child has a consultation with the doctor once a month and a monthly check is kept on their weight.

Some of the children left the school on certain days for speech training, breathing exercises and remedial exercises. The older children went to the County Technical School once a week.

During the winter months the School closed a quarter of an hour early on account of the darkness, and it is my opinion that the children would benefit by remaining half an hour longer in the open air during the summer term.

MEDICAL WORK.—DIAGNOSIS.—Most of the children admitted to the School have been diagnosed as suffering from general undernourishment and debility, proneness to infection, or asthma. In addition, there are a number of children with crippling defects who come to the Open Air School for lack of more appropriate accommodation. These latter have settled down well and the other children are considerate and friendly towards them.

Number of Children	General under-Nourishment and Debility	Proneness to Infection	Asthma	Crippling Defects	Total
Spring	39	4	7	8	58
Summer	47	5	6	9	67
Autumn	47	6	7	10	70

VISITS TO THE SCHOOL.—The School was visited once a week and each time about fifteen children were examined. Most of the children are ordered some extra vitamins, iron, or calcium according to their needs.

During the early visits it was often found necessary to consult the Headmistress for more information about a child, and the arrangement evolved for a routine meeting with the Headmistress before the end of the visit when the special problems of the children seen that day could be discussed and any other relevant problem that had arisen during the week.

Parents frequently came to ask the doctor about their children and were generally helpful and co-operative. It was found advisable on many occasions to send for parents to discuss some particular point. The School Nurse visited their homes when parents could not attend and discussed with them their child's welfare.

GENERAL SUMMING UP.—As the year progressed it became clear that there was an association between physical and educational progress.

It also became clear that those children who were generally undernourished were undernourished, as it were, mentally, and emotionally as well, and that their problems were consequently far reaching.

	Reading Quotients	
	Above 100	Below 100
Class 2... ..	9	13
Class 3... ..	6	11
Classes 2 and 3 ...	15	24

No fair sample of intelligence tests are available. Twenty-seven Children have been tested, mostly by the Headmistress, but they have all been picked out for being specially bright, dull, or difficult. However, of the children tested, 14 are below I.Q.90, and 7 of these below I.Q.80.

Home conditions also influence progress. A number of families are poverty stricken, some children come from broken homes, and some children are consistently kept up late at night. During the Autumn Term 24 children were having free meals.

CRITERIA FOR DISCHARGE.—The question asked before discharging a child is: "Will this child be able to take part in and to benefit by ordinary school life?"

In doubtful cases this question has to be asked somewhat differently. "Will this child derive so much more benefit by attending an ordinary school that the benefits lost by leaving the Open Air School will be outweighed?"

Most discharges have been considered over a period of one or two terms. For instance, the Headmistress notices a sudden improvement emotionally and educationally. Perhaps the doctor will notice an improvement in the physical condition. The parents may request that the child be moved, or the child himself may express a desire to leave and go to an ordinary school to be with some of his friends.

It will be seen that length of stay is not in itself a criterion for discharge. Up till the end of 1949, age has not been a reason in itself for discharging a child, but as school leaving age was approached he or she was sent to an ordinary school when at all expedient, even if only for a few terms, in order to avoid possible difficulties in obtaining work later."

#### SCHOOLS FOR EDUCATIONALLY SUB-NORMAL PUPILS.

Regular periodic routine inspections have been carried out at Seabrook Lodge, Hythe, and Broomhill Bank, Tunbridge Wells, and the Medical Officers have reported as follows:—

*Seabrook Lodge School.* Dr. E. M. Molesworth reports:—

"There are 74 boys at this school, 26 juniors, 48 seniors. Though 66% of them have passed through the juvenile courts, none has had to appear in court since admission to this school.

During the year, Intelligence tests were carried out as required. The I.Q.'s range from 50 to 90. As readjustment is achieved, a consistent improvement in response to these tests is noted. One case was reported to the Local Authority for the purposes of the Mental Deficiency Acts under Subsection 3 of Section 57 Education Act, 1944.

On attaining school leaving age, 11 boys were reported to the Local Authority for the purposes of the Mental Deficiency Act, under Subsection 5 of Section 57 Education Act, 1944. One of these is awaiting admission to an institution. The other ten are all in regular employment and it is anticipated that the majority will settle down to adult life.

Medical Inspections have been carried out, and a close watch kept on the health of the boys. Heights, weights and spirometer readings, have continued to be recorded each fortnight. Generally the health of the boys has been good.

A case of "high note deafness" was brought to light, and confirmed by Audiometer tests. It is of interest that this boy had been excluded from a school on the ground that he was an "imbecile," pending a mental test. This gave an apparent I.Q. of 64. After settling down at Seabrook Lodge, he gave promise of a much higher intelligence. When his I.Q. was tested again, making allowance for the slight hearing defect, it was found to be 104.

All pupils have been immunised against Diphtheria during the year."

*Broomhill Bank.* Dr. Gower Isaac reports :—

"Broomhill Bank Residential School for E.S.N. Girls was opened in November, 1948, with eleven girls in residence. The numbers were increased to 39 girls in September, 1949. The girls varied in age and intelligence grading, the estimated I.Q. varying between 45 and 70.

One girl was removed as an emergency to a mental observation ward. One girl re-assessed on leaving was notified to the Local Authority as needing protection and supervision.

Physical defects were numerous. Twenty-two girls had some visual defect. Other defects numbered 21.

Great physical and emotional improvement was seen under the conditions of steady routine and lack of competitive strain. Educationally there was considerable improvement in performance in all but one child and 26 of the children can read and comprehend.

A good relationship was established with many of the parents and suitable contacts with the children, parents and outside interests were encouraged."

### MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1949

TABLE 7.

#### MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
	"	"	"	"		
	"	"	"	"		
A—PERIODIC MEDICAL INSPECTIONS						
Number of Inspections in the pre-scribed Groups—						
Entrants ... ..	946	1,713	734	1,115	18,395	22,903
Second Age Group ... ..	488	1,050	802	811	15,553	18,704
Third Age Group ... ..	400	1,235	571	767	11,441	14,414
Total ... ..	1,834	3,998	2,107	2,693	45,389	56,021
Number of other Periodic Inspections	2,253	1,532	1,162	613	6,431	11,991
Grand Total ... ..	4,087	5,530	3,269	3,306	51,820	68,012
B—OTHER INSPECTIONS						
Number of Special Inspections ... ..	1,329	4,987	3,159	1,490	17,359	28,324
Number of Re-Inspections ... ..	637	4,722	2,548	338	57,106	65,351
Total ... ..	1,966	9,709	5,707	1,828	74,465	93,675



## C—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)				For any of the other conditions recorded in Table 8A (3)					Total individual pupils (4)								
	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	Total
Entrants	5	18	19	3	169	214	128	304	80	112	3,649	4,273	133	269	99	115	3,762	4,378
Second Age Group	25	68	40	44	934	1,111	46	156	107	107	2,326	2,743	70	192	147	149	3,019	3,577
Third Age Group	41	105	33	30	628	837	51	338	79	66	1,507	2,041	88	367	112	96	2,006	2,669
Total (prescribed groups)	71	191	92	77	1,731	2,162	225	798	266	285	7,482	9,057	291	828	358	360	8,787	10,624
Other Periodic Inspections	72	94	56	23	415	660	200	223	121	64	1,082	1,690	263	279	177	85	1,425	2,229
Grand Total	143	285	148	100	2,146	2,822	425	1,021	387	349	8,564	10,747	554	1,107	535	445	10,212	12,853





### B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Inspected	A. (Good)										B. (Fair)										C. (Poor)																				
		No.					% of column 2					No.					% of column 2					No.					% of column 2															
		"Excepted" District of Beckenham	Bexley	Bromley	"	Gillingham	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley	Bromley	"	Gillingham	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley	Bromley	"	Gillingham	Remainder of Area	Total	"Excepted" District of Beckenham	Bexley	Bromley	"	Gillingham	Remainder of Area	Total													
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)											
Entrants ...	946	1713	734	1115	18395	22903	421	473	416	508	5177	6995	44.5	27.6	56.7	45.6	28.1	30.6	502	1176	307	512	11550	14047	53.1	68.7	41.8	45.9	62.8	61.3	23	64	11	95	1668	1861	2.4	3.7	1.5	8.5	9.1	8.1
Second Age Group	488	1050	802	811	15553	18704	240	279	382	472	4291	5664	49.2	26.6	47.6	58.2	27.6	30.3	228	718	402	327	9812	11487	46.7	68.4	50.1	40.3	63.1	61.4	20	53	18	12	1450	1553	4.1	5.0	2.3	1.5	9.3	8.3
Third Age Group	400	1235	571	767	11441	14414	193	396	298	429	3590	4906	48.3	32.1	52.2	55.9	31.4	34.0	204	762	259	322	7071	8618	51.0	61.7	45.4	42.0	61.8	59.8	3	77	14	16	780	890	0.7	6.2	2.4	2.1	6.8	6.2
Other Periodic Inspections	2253	1532	1162	613	6431	11991	1131	357	689	280	1572	4029	50.2	23.3	59.3	45.7	24.4	33.6	1082	1073	459	304	4351	7269	48.0	70.0	39.5	49.4	67.7	60.6	40	102	14	29	508	692	1.8	6.7	1.2	4.9	7.9	5.8
TOTALS	4087	5530	3269	3306	51820	68012	1985	1505	1785	1689	14630	21594	48.6	27.2	54.6	51.1	28.2	31.8	2016	3729	1427	1465	32784	41421	49.3	67.4	43.7	44.3	63.3	60.9	86	296	57	152	4406	4997	2.1	5.4	1.7	4.6	8.5	7.3

## TREATMENT TABLES

## NOTES.

(i) The Tables deal with all defects during the year, however they were brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(ii) Owing to the difficulty of distinguishing between cases treated under the Authority's schemes and those treated otherwise, the treatment tables (excluding dental) include all cases known to the Authority to have received treatment, whether at their own clinics or elsewhere.

TABLE 9.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table 11).

(a)	Number of Defects treated, or under treatment during the year.					
	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
SKIN—						
Ringworm—Scalp—						
(i) X-Ray treatment ... ..	—	—	1	—	1	2
(ii) Other treatment ... ..	—	1	—	4	51	56
Ringworm—Body ... ..	—	65	13	20	94	192
Scabies ... ..	—	2	16	20	189	227
Impetigo ... ..	—	23	45	61	735	864
Other skin diseases ... ..	959	875	646	114	2,232	4,826
Eye Disease ... ..	358	395	705	178	2,062	3,698
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).						
Ear Defects ... ..	159	310	508	59	856	1,892
Miscellaneous ... .. (e.g. minor injuries, bruises, sores, chilblains, etc.)	2,652	4,939	2,926	651	10,733	21,901
Total ... ..	4,128	6,610	4,860	1,107	16,953	33,658

(b) Total number of attendances at Authority's minor ailments clinics ...	6,533	16,793	15,061	5,248	53,584	97,219
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GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I).

	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
(1) ERRORS OF REFRACTION ... (including squint)	443	1,618	643	267	11,487	14,458
(2) Other defect or disease of the eyes (excluding those recorded in Group I)	12	12	88	—	415	527
Total ... ..	455	1,630	731	267	11,902	14,985
(3) No. of Pupils for whom spectacles were						
(a) Prescribed ... ..	198	383	585	213	4,816	6,195
(b) Obtained ... ..	—	259	401	75	3,870	4,605

GROUP III—TREATMENT OF DEFECTS OF NOSE AND THROAT

Received operative treatment—						
(a) for adenoids and chronic tonsillitis...	135	117	115	56	3,156	3,579
(b) for other nose and throat conditions	—	4	5	—	47	56
Received other forms of treatment ...	105	106	60	—	491	762
Total ... ..	240	227	180	56	3,694	4,397

GROUP IV—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) No. treated as in-patients in hospital or hospital schools ... ..	23	21	5	29	487	565
(b) No. treated otherwise e.g. in clinics or out-patient departments ... ..	316	384	440	75	5,185	6,400

GROUP V—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY

Number of pupils treated—	
(a) under Child Guidance arrangements ... ..	847
(b) under Speech Therapy arrangements ... ..	949



TABLE 10.—DENTAL INSPECTION AND TREATMENT

	"Excepted" District of Beckenham	Bexley	Bromley	Gillingham	Remainder of Area	TOTAL
(1) Number of pupils inspected by the Authority's Dental Officers—						
(a) Periodic age groups ... ..	4,246	2,126	590	1,726	60,099	68,787
(b) Specials ... ..	494	377	1,500	1,095	5,955	9,421
Total (a) and (b) ...	4,740	2,503	2,090	2,821	66,054	78,208
(2) Number found to require treatment...	3,097	1,642	1,852	2,270	33,550	42,411
(3) Number actually treated ... ..	2,848	1,896	1,977	2,193	32,380	41,294
(4) Attendances made by pupils for treatment ... ..	5,481	6,463	5,307	4,806	85,931	107,988*
(5) Half-days devoted to—						
(a) Inspection ... ..	34	15	2	13	483	547
(b) Treatment ... ..	656	541	623	571	10,038	12,429
Total (a) and (b) ...	690	556	625	584	10,521	12,976
(6) Fillings—						
(a) Permanent Teeth ... ..	2,092	1,307	1,761	2,271	26,461	33,892
(b) Temporary Teeth ... ..	1,284	221	1,635	757	5,612	9,509
Total (a) and (b) ...	3,376	1,528	3,396	3,028	32,073	43,401
(7) Extractions—						
(a) Permanent Teeth ... ..	375	600	479	556	7,929	9,939
(b) Temporary Teeth ... ..	2,095	2,983	1,970	3,061	43,774	53,883
Total (a) and (b) ...	2,470	3,583	2,449	3,617	51,703	63,822
(8) Administration of general anaesthetics for extractions ... ..	887	1,437	924	1,701	9,066	14,015
(9) Other Operations—						
(a) Permanent Teeth ... ..	1,370	1,351	1,196	1,410	21,352	26,679*
(b) Temporary Teeth ... ..	470	415	342	88	7,191	8,506
Total (a) and (b) ...	1,840	1,766	1,538	1,498	28,543	35,185

\* These figures include orthodontic work

TABLE 11.

## INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorized persons ... ..	17,836	22,146	15,573	22,687	366,818	445,060
(ii) Total number of individual pupils found to be infested ... ..	35	477	275	658	5,601	7,046
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ... ..	—	—	—	3	1,473	1,476
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ... ..	—	—	—	3	7	10

## HANDICAPPED CHILDREN,

Handicapped Pupils requiring education at Special Schools or Boarding in Boarding Homes.

TABLE 12.

		Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Sub-normal	Maladjusted	Epileptic
1949										
In the calendar year :										
A. Handicapped Pupils newly placed in Special Schools or Homes.	Beckenham	—	—	—	1	6	1	4	3	—
	Bexley	—	—	3	—	20	4	2	—	—
	Bromley	—	—	3	—	8	1	2	—	—
	Gillingham	—	1	2	—	1	1	1	2	1
	Remainder of County	10	3	4	5	325	22	38	9	11
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes. On December 31st.	Beckenham	1	—	—	—	5	1	8	1	—
	Bexley	1	—	5	—	41	8	7	—	—
	Bromley	—	1	3	—	10	3	8	1	—
	Gillingham	—	—	—	1	1	1	3	—	1
	Remainder of County	2	8	18	4	340	71	171	57	4
C. Handicapped Pupils from the area :—										
(i) Attending Special Schools Day	Beckenham	—	1	1	1	—	1	15	—	—
	Bexley	—	4	5	1	—	8	19	—	—
	Bromley	—	—	1	—	—	—	7	—	—
	Gillingham	—	—	—	—	—	—	—	—	—
	Remainder of County	—	6	10	—	72	21	41	—	—
Boarding	Beckenham	1	1	1	—	4	2	1	3	1
	Bexley	1	—	3	—	13	8	5	1	1
	Bromley	1	—	4	—	3	2	1	—	2
	Gillingham	1	2	2	—	1	3	2	—	1
	Remainder of County	34	23	70	15	246	48	148	27	28
(ii) Boarded in Homes	Beckenham	—	—	—	—	—	—	—	—	—
	Bexley	—	—	—	—	—	—	—	—	—
	Bromley	—	—	—	—	—	—	—	—	—
	Gillingham	—	—	—	—	—	—	—	—	—
	Remainder of County	—	—	—	—	2	—	—	9	—
(iii) Attending Assisted Schools (under approved arrangements)	Beckenham	—	—	—	—	—	—	—	—	—
	Bexley	—	—	—	—	—	—	—	—	—
	Bromley	—	—	—	—	1	—	2	—	—
	Gillingham	—	—	—	—	—	—	—	—	—
	Remainder of County	—	—	7	—	1	4	6	21	—
D. No. of Handicapped Pupils from the area requiring places in Special Schools or Homes, but remaining unplaced.	Beckenham	1	—	—	—	5	2	7	1	—
	Bexley	1	—	2	—	13	4	7	—	—
	Bromley	—	1	—	—	2	1	6	2	—
	Gillingham	—	—	—	—	—	—	3	1	—
	Remainder of County	9	12	11	20	208	68	623	46	10
E. No. of Handicapped Pupils receiving home tuition (including those also referred in D).	Beckenham	—	—	—	—	1	5	—	—	—
	Bexley	—	—	—	1	—	6	—	—	—
	Bromley	—	—	—	—	—	1	—	—	—
	Gillingham	—	—	—	—	—	—	—	—	—
	Remainder of County	—	—	—	1	1	34	4	1	—

No. of Children reported during the calendar year under Sections 57(3) and 57(4) of the Education Act, 1944 :—

							Section 57(3)	Section 57(4)
Beckenham	...	...	...	...	...	...	—	—
Bexley	...	...	...	...	...	...	10	—
Bromley	...	...	...	...	...	...	3	—
Gillingham	...	...	...	...	...	...	1	—
Remainder of County	...	...	...	...	...	...	104	1



